

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- Complete all required fields (shown in red*); otherwise, your request may be denied and require resubmission.
- In fields 3-6, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name: [*]	7. Your Phone Number:
2. Your Email Address: [*]	8. Full Case Number (if applicable):
3. Receipt Agency Tracking ID: [*]	9. Fee Type:[*] <input type="checkbox"/> Attorney Admission <input type="checkbox"/> Civil Case Filing <input type="checkbox"/> Audio Recording <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus
4. Transaction Date: [*]	
5. Transaction Time: [*]	
6. Transaction Amount (Amount to be refunded): [*]	
10. Reason for Refund Request: [*] Explain in detail what happened to cause duplicate charges or no fee required.	
<ul style="list-style-type: none"> ▪ For a duplicate charge, provide the correct receipt number in this field. ▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). 	

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied X Denied — Resubmit amended application (see reason for denial)
Approval/denial date:	Request approved/denied
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number:
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Please explain in detail what happened to cause the duplicate charge in section 10.	
Referred for OSC date (if applicable):	